

# CASA Conversations



California **CASA**  
Court Appointed Special Advocates  
FOR CHILDREN



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## Psychotropic Medications and Foster Youth

### Introduction

Psychotropic medications are prescribed to manage psychiatric and mental health disorders or issues. They include mood stabilizers, antipsychotics, anti-anxiety medications and stimulants.

Foster children are prescribed psychotropic medications at a much higher rate than the general population. This is partly due to the trauma they have experienced, but it may be due to other issues as well.

This is an area where an advocate can have a real impact, especially when the child sees a new doctor that does not know them or is frequently changing doctors.

### The Facts

When a dependent child or youth is prescribed a psychotropic medication, it must be approved by the courts. In California, a form called a JV-220 must be filed with the court. The parents, through their attorneys, are asked if they approve, and the social worker and minor's attorney are also asked if they approve. It is not required, but often the CASA is also asked for their opinion.

The Judge may order approval of the medication over objections of any party to the case, or may decide not to order the medication. The Judge may also ask the prescribing doctor to testify as to why the medication is needed. If everyone agrees to the medication, it can be ordered *ex parte*, that is without a hearing.

If there is disagreement, or the Judge wants more information, there can be a hearing to determine if the drug should be ordered.

# Prescription Medications and Foster Youth

## Starting a CASA Conversation

If your child has been prescribed a psychotropic medication you will want to know:

1. What the medication is
2. What is it prescribed for
3. Its possible side effects
4. How long the medication is to be prescribed
5. What the follow up is for monitoring the medication
6. What other options there are besides medication and what else has been tried.

*"I think it is very appropriate for the youth to see their diagnosis on paper, so that they're not the only person who does not see the paper"*  
- Talitha

The prescribing physician is the best source for this information, and you can obtain it by attending the doctor's appointment with the youth. If you are not able to attend, it is imperative that the prescribing physician has been able to obtain an accurate medical, behavioral and psychological history from people who know the child well and have seen the child over time in many situations. It can be very difficult to differentiate between trauma and a psychological disorder. You or the person attending the visit with the youth should let the doctor know if other clinicians have prescribed any other medications. You can also make sure the physician is explaining all this to the youth in age-appropriate language so that she understands what is happening and why. If you are unable to attend the visit, call the doctor to get this information.

**As a CASA you have a legal right to this information.**

### With your youth:

You can help your youth understand what the medication is that they have been prescribed and how it may affect them. You can also discuss why they have been prescribed a medication, for example:

**You know how you have had so much trouble sleeping, and you say you feel like crying all the time?**

The doctor says you are dealing with depression, and this could be because you had to leave your family and live with strangers. The doctor has prescribed \_\_\_\_\_ and this is so you can feel better. The doctor says she will check on you in a month to see if it is helping. If it is helping she will prescribe it for three more months and then gradually take you off of it. It is a temporary help to get you through this difficult time in your life. If it is not helping, or the side effects are too uncomfortable, she will try something else".

# Prescription Medications and Foster Youth

There are several things you are communicating in the example above:

- the child's diagnosis
- the reason for the medication
- that it should be temporary
- that it's not the only option

Even if the youth has heard all this from the doctor, it is very important for you to say this to the youth as well. They may need to hear it several times to completely understand.

Check in with the youth after the medication has been prescribed to see if she is taking the medication, and if she is, how it is affecting her. Have her symptoms decreased? Has there been no change? What about side effects, is she having any? If she is having side effects that impacts her ability or willingness to take the medication, or there is no improvement in symptoms after she have reached a therapeutic dosage, you should advocate for another appointment with the prescribing physician to adjust or change the medication.

**If the youth states she does not wish to take the medication, that is her right.** It will be helpful to ascertain *why* she doesn't want to take the medication. Open-ended, non-judgmental questions are best. For example:

**"So you don't want to take your medications, is that right?"  
"Was there something about taking the medication you didn't like?"**

Listen to what she has to say, and use this as a guide for how to best advocate for her. Youths' reasons could range from not wanting to take any medication, to having uncomfortable side effects, to being afraid of what medication may do to them (e.g. not being themselves, losing control, etc.). If you know what their fears or concerns are, you can address them, or seek out experts to help address them. Youth can then make informed decisions about taking the prescribed medication.

*"If you are on meds then you need education and choice about them. I have been able to see for myself that every time I go off the meds, it ends up being a problem."  
- Jacob*

# Prescription Medications and Foster Youth

## Pitfalls to Avoid

### 1. Multiple drugs prescribed by one or more physicians.

If the physician is prescribing more than one drug, ask why! Ask, too, what the potential interactions are between the drugs. If the youth has already been prescribed any medication, make sure this physician knows what has been prescribed.

### 2. No plan in place for follow up.

Unfortunately the doctors our youth see frequently change, either because of staff turnover or because the youth moves. Make sure when the youth sees the doctor that there is a follow up plan in place to monitor the drug(s) prescribed.

- Who is in charge of keeping the medication?
- Who is in charge of giving the medication to the youth?

Make sure there is a clear plan in place. A medication can't work if it is not taken as prescribed.



## Additional Resources

**American Bar Association  
Center on Children and the Law**  
[http://www.americanbar.org/content/dam/aba/administrative/child\\_law/PsychMed.authcheckdam.pdf](http://www.americanbar.org/content/dam/aba/administrative/child_law/PsychMed.authcheckdam.pdf)

**American Public Health  
Association**  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1508994/>

**Kaiser Health News**  
<http://www.kaiserhealthnews.org/stories/2012/march/13/off-label-use-of-risky-antipsychotic-drugs.aspx?referrer=search>

**Kaiser Health News**  
<http://www.kaiserhealthnews.org/daily-reports/2011/december/02/medical-foster-kids-over-prescribing.aspx?referrer=search>

**Child Welfare Information  
Gateway: Making Healthy  
Choices – A Guide on  
Psychotropic Medications for  
Youth in Foster Care**  
<http://www.californiacasa.org/wp-content/uploads/2015/06/makinghealthychoices.pdf>

**NPR**  
<http://www.npr.org/blogs/health/2011/12/01/143017520/foster-kids-even-infants-more-likely-to-be-given-psychotropic-drugs>

**Science Daily**  
<http://www.sciencedaily.com/releases/2010/09/100923104136.htm>